

<div style="font-size: 2em; font-weight: bold; margin-right: 10px;">A</div> <b>CLAIMS ONLY</b>								Application Number <div style="font-size: 1.5em; font-family: cursive;">101825767</div>		Filing Date 	
								Applicant(s) 			

  

* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
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36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total							Total
Indep	3						Indep
Total							Total
Depend	21						Depend
Total							Total
Claims	24						Claims